

## Health Advisory:

## Updated SARS Information and Recommendations

January 15, 2004

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Health Advisory  
January 15, 2004

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SUBJECT: Updated SARS Information and Recommendations Following Reports of a Third Possible SARS Case in China

[This Health Advisory reproduces portions of a CDC Health Advisory issued January 14, 2004.]

This advisory provides updated information and recommendations following recent reports of cases of severe acute respiratory syndrome (SARS) in Guangdong Province, China. No alerts or advisories regarding travel to China have been issued by the Centers for Disease Control and Prevention (CDC), but increased vigilance is advised for ill persons traveling to the United States from Guangdong Province.

### Recent SARS Cases in China

On January 13, 2004, the Chinese Ministry of Health (MOH) and the World Health Organization (WHO) reported a new suspect case SARS in a 35-year-old man living in Guangdong Province, China. This case is the third recent report of suspected or confirmed SARS in patients in southern China. No link has been established at present between the confirmed case and the two recent suspect SARS cases, and the source of exposure for all three cases is unclear.

On January 5, 2004, Chinese and WHO authorities announced that laboratory results confirmed evidence of SARS-associated coronavirus infection (SARS-CoV) in a 32-year-old man in Guangdong Province who had become ill on December 16, 2003. On January 8, 2004, a suspect case of SARS was reported in a 20-year-old woman who works in a restaurant in Guangdong Province and had onset of illness on December 25, 2003. On January 12, 2004, a suspect case of SARS was reported in a 35-year-old man from Guangdong Province who had onset of illness on December 31, 2003, and was admitted to Guangdong People's Hospital and placed in isolation on January 6. All three patients are reported to be doing well, and no signs or symptoms of SARS-like illness have been reported among their identified contacts to date. Details on the clinical features and laboratory results of the 2 suspect SARS cases are not yet available.

### Recommended U.S. SARS Control Measures

In light of these reports, CDC is recommending that U.S. physicians maintain a greater index of suspicion of SARS in patients who require hospitalization for radiographically confirmed pneumonia or acute respiratory distress syndrome (ARDS) AND who have a history of travel to Guangdong Province (or close contact with an ill person with a history of recent travel to Guangdong Province) in the 10 days before onset of symptoms. When such patients are identified, the following actions should be taken:

- Patients should immediately be placed in appropriate isolation precautions for SARS (i.e., contact and airborne precautions)
- Patients should promptly be reported to the state or local health department. [The Missouri Department of Health & Senior Services can be contacted at 1-800-392-0272, 24 hours a day - 7 days a week.]

- Patients should promptly be tested for evidence of SARS-CoV infection as part of the diagnostic evaluation (see Appendix 2 "Updated Guidelines for Collecting Specimens from Potential SARS Patients," in the CDC document, "In the Absence of SARS-CoV Transmission Worldwide: Guidance for Surveillance, Clinical and Laboratory Evaluation, and Reporting" at [www.cdc.gov/ncidod/sars/absenceofsars.htm](http://www.cdc.gov/ncidod/sars/absenceofsars.htm). [See also the Missouri State Public Health Laboratory SARS Web site at <http://www.dhss.state.mo.us/Lab/VirologySARS.htm>.]
- The health department should identify, evaluate, and monitor relevant contacts of the patient, as indicated. In particular, the health status of household contacts or persons who provided care to symptomatic patients should be assessed.

In addition, CDC continues to recommend that health care providers and public health officials identify and report patients who require hospitalization for radiographically confirmed pneumonia or ARDS without identifiable etiology AND who have one of the following risk factors in the 10 days before the onset of illness:

- Travel to mainland China, Hong Kong, or Taiwan, or close contact with an ill person with a history of recent travel to one of these areas, OR
- Employment in an occupation associated with a risk for SARS-CoV exposure (e.g., health care worker with direct patient contact; worker in a laboratory that contains live SARS-CoV), OR
- Part of a cluster of cases of atypical pneumonia without an alternative diagnosis.

Diagnostic testing for SARS should be considered in such patients, as described in the guidelines at [www.cdc.gov/ncidod/sars/absenceofsars.htm](http://www.cdc.gov/ncidod/sars/absenceofsars.htm). Infection control practitioners and other health care personnel should also be alert for clusters of pneumonia among two or more health care workers who work in the same facility.

### **Advice for Travelers (SARS)**

At this time, WHO and CDC have not issued any alerts or advisories for travel to China ([www.cdc.gov/ncidod/sars/travel\\_alertadvisory.htm](http://www.cdc.gov/ncidod/sars/travel_alertadvisory.htm)). Previous SARS research has shown that SARS can be controlled and contained through early detection, isolation of suspect cases, and tracing of their contacts.

On the basis of limited available data, it would be prudent for travelers to China to avoid visiting live food markets and avoid direct contact with civets and other wildlife from these markets. Although there is no evidence that direct contact with civets or other wild animals from live food markets has led to cases of SARS, viruses very similar to SARS-CoV—the virus that causes SARS—have been found in these animals. In addition, some persons working with these animals have evidence of infection with SARS-CoV or a very similar virus.

### **US Bans Importation of Civet Cats**

On January 13, 2004, the Department of Health and Human Services (HHS) announced an immediate embargo on the importation of civets to the United States ([http://www.cdc.gov/ncidod/sars/civet\\_ban\\_exec\\_order.htm](http://www.cdc.gov/ncidod/sars/civet_ban_exec_order.htm)). These small animals have been identified as a possible link to SARS transmission in China. The embargo, which applies to dead and live civets as well as civet products, will remain in place until further notice. Civet products that have been processed to render them noninfectious, such as fully taxidermied animals and finished trophies, are not included in the embargo. The ban does not apply to civet cats approved by CDC for importation for educational or scientific purposes.

**More Information About SARS**

For more information about current U.S. SARS control guidelines, see the CDC document, “In the Absence of SARS-CoV Transmission Worldwide: Guidance for Surveillance, Clinical and Laboratory Evaluation, and Reporting” at [www.cdc.gov/ncidod/sars/absenceofsars.htm](http://www.cdc.gov/ncidod/sars/absenceofsars.htm). The document is part of CDC’s draft Public Health Guidance for Community-Level Preparedness and Response to Severe Acute Respiratory Syndrome (SARS) [www.cdc.gov/ncidod/sars/sarsprepplan.htm](http://www.cdc.gov/ncidod/sars/sarsprepplan.htm).

For additional information about the reported SARS cases in China, see the Web sites of CDC ([www.cdc.gov](http://www.cdc.gov)) and WHO ([www.who.int/en/](http://www.who.int/en/)).

[Information on SARS is also available on the Missouri Department of Health & Senior Services (DHSS) SARS Web site (go to <http://www.dhss.state.mo.us/> and click on “SARS”). Specific questions on SARS should be addressed to DHSS’s disease investigation unit at 573/751-6268, or after-hours at 1-800-392-0272.]